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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT DURATION COUNTRY PROGRAMME**

Congo

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the two-year country programme of the Congo to support activities for which the country programme is in preparation. The Executive Director recommends that the Executive Board approve the amount of $1,690,000 from general resources, subject to the availability of funds, and $5,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2000.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They are contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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Basic data (1996 unless otherwise stated)

Child population (millions, 0-18 years)	1.39
U5MR (per 1,000 live births)	108
IMR (per 1,000 live births)	81
Underweight (% moderate and severe) (1987)	17
MMR (per 100,000 live births)	890
Literacy rate (% male/female) (1995)	83/67
Primary school enrolment (% net male/female) (1980)	99/93
Primary school children reaching grade 5 (%) (1995)	54
Access to safe water (%) (1988)	34
Routine EPI immunization provided by the Government (%) (1995)	0
GNP per capita	US$ 670

One-year-olds fully immunized against:

tuberculosis	50 per cent
diphtheria/pertussis/tetanus	47 per cent
measles	42 per cent
poliomyelitis	47 per cent

Pregnant women immunized against:

tetanus	55 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The war waged in Brazzaville from June to October 1997 led to a sharp deterioration in the situation of children and women in the Congo. In June 1997, the outbreak of the unexpectedly violent conflict damaged basic social services, destroyed housing and infrastructure, displaced about 650,000 inhabitants of the city, resulted in the deaths of between 4,000 and 10,000 people, broke up families, caused traumatism on an enormous scale and crippled the national economy. The war caused a dramatic setback in the progress that had been made in implementing and following up the Convention on the Rights of the Child.

2. The war also exacerbated the pre-existing effects of the socio-economic crisis and of the armed conflict that broke out in 1993 during the transition to democracy. Even before the 1997 war, the Congo, which relied almost exclusively on income from petroleum exports, was among the most heavily indebted countries in the world, imported about 40 per cent of its food and had adopted structural adjustment measures that led to drastic cuts in social services budgets and to an increase in the unemployment rate. Most basic indicators relating to health, nutrition, water, sanitation and education had already begun to decline before June 1997.

3. Currently, the environment in which children and women live in the Congo is strongly influenced by three factors. The first consists of the most visible

consequences of the war, including insecurity, population displacement, increased poverty, more children living or working on the streets and paralysis of basic social services. The second factor, which is less tangible but probably just as pernicious as the war, is the weakening of the social fabric, characterized by growing ethnic and regional polarization and a widespread social malaise manifested by deep discouragement and disregard for law and order. Thirdly, the persistent instability in neighbouring countries and the political uncertainty in the Congo itself are affecting the country's social environment.

4. The war and its aftermath sharply accelerated the slow deterioration in the nutritional status of children and women in the affected areas of the country. This phenomenon is linked primarily to the decline in household food security after basic social services had stopped being provided for nearly a year. In Brazzaville, the number of babies born underweight has risen by 45 per cent since the end of the war. Cases of kwashiorkor, which were unknown before the war, have appeared in the capital.

5. Although most of the health centres and hospitals in Brazzaville that were damaged in the war, and especially in the looting that followed it, have been partially rehabilitated, the country's health system as a whole is unable to function. In nearly all parts of the country except Brazzaville, children have not been immunized for the past year. As a result, vaccine-preventable diseases will probably kill more children than did bullets and bombs during the war.

6. The high risk of epidemics has already led to outbreaks of cholera, measles and pertussis in various northern and southern areas of the country in the first half of 1998. Population displacements, overcrowding and poor housing and hygiene conditions have reduced access to drinking water and to adequate sanitation, thereby increasing the risk of water-borne diseases.

7. The war and its aftermath have also accelerated the decline in school attendance observed in recent years. Owing to the socio-economic crisis that began in the early 1990s, the quality of basic education had already begun to deteriorate, with overcrowded classrooms and high repetition rates. Many school buildings were damaged and looted during the war, with the result that about 35 per cent of all classrooms in Brazzaville were rendered unusable. At the beginning of 1998, primary-school enrolment in the capital stood at only 53 per cent of its pre-war level. Outside Brazzaville, and particularly in the north, many classrooms were abandoned by teachers fleeing from their posts. Pupils who resume their studies are often forced to do so in damaged, dirty and unfurnished premises with no basic teaching materials.

8. Population movements, ethnic polarization and the increasing fragility of social cohesiveness have led to the break-up of families, which has increased the number of households headed by women and of traumatized, working and abandoned children. The lack of opportunities for paid employment has created a climate of disillusionment, especially among young people, many of whom were used as combatants during the war. The incidence of rape and other forms of sexual aggression against women and children has increased, as have unwanted pregnancies and induced abortions. In this situation of serious violations of

the rights of children and women, girls are particularly vulnerable, with rape and non-attendance at school being the primary threats.

PROGRAMME COOPERATION, 1997-1998

9. The country programme for 1992-1996 was extended for two years (1997-1998) because the 1993 political crisis and its after-effects had hampered the programme's implementation. However, the sudden arrival of Rwandan refugees, followed by the outbreak of civil war, led to the interruption of the interim programme and the launching of emergency activities, which were followed, after the conflict, by humanitarian assistance and rehabilitation efforts in the framework of United Nations consolidated inter-agency emergency appeals.

10. Beginning in the first days of the war, UNICEF provided emergency aid to health centres, hospitals and groups of displaced persons in the country's interior, benefiting some 150,000 people. These actions were made possible by emergency preparedness measures. UNICEF distributed food, essential drugs, vaccines, blankets and other aid in response to localized emergencies, both in camps of displaced persons in the Congo and in refugee camps in the Democratic Republic of the Congo. Specialized assistance for the most severely traumatized children was given in the Kinkole camp in the Democratic Republic of the Congo, then continued in Brazzaville. Lastly, special efforts were made to attract and hold the attention of international agencies and the media with regard to the plight of Congolese children through regular contacts, information sharing and advocacy for the protection of children's rights.

11. Immediately after the cessation of the conflict in Brazzaville, a consolidated inter-agency "flash" appeal for the Congo was launched in November 1997. Poor donor response to this appeal was attributed to a series of factors, including the nature of the conflict, the absence of international media coverage and donor fatigue. During the war, UNICEF stayed in regular contact with the parties to the conflict, which greatly facilitated the implementation of the emergency programme.

12. Since the end of the war, UNICEF has organized two measles immunization, vitamin A supplementation and hygiene campaigns, one in Pointe Noire and the other in Brazzaville, targeting a total of 369,000 children. Similar campaigns are planned for 1998 in the other regional capitals of the country. In the education sector, UNICEF has distributed school supplies and other basic educational materials to over 5,000 children of needy families in some 30 primary schools to encourage parents to send their children back to school. In addition, basic supplies have been distributed to 1,300 Rwandan children in four refugee camps in the Congo. In the region of La Cuvette, which has suffered from an influx of refugees and displaced persons, UNICEF has rehabilitated 29 primary schools and 28 sources of drinking water, benefiting a total of 10,000 villagers.

13. Lastly, with key partners from the Government, the army, civil society and humanitarian associations, UNICEF has launched a programme development process for the benefit of child soldiers, aimed at supporting their reintegration into society.

RECOMMENDED PROGRAMME COOPERATION, 1999-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1999	2000	Total
General resources			
Health and nutrition	384	366	750
Education	280	280	560
Planning, monitoring and evaluation	60	60	120
Cross-sectoral costs	130	130	260
Subtotal	854	836	1 690
Supplementary funds			
Health and nutrition	1 500	1 500	3 000
Education	800	800	1 600
Planning, monitoring and evaluation	100	100	200
Cross-sectoral costs	100	100	200
Subtotal	2 500	2 500	5 000
Total	3 354	3 336	6 690

14. The programme for 1999-2000 forms part of a post-emergency reconstruction and rehabilitation phase. It will seek to assist the war-torn country while respecting the objectives of the World Summit for Children. In this context the programme is intended to: (a) restore the national primary health care system, focusing on reactivation of the expanded programme on immunization (EPI) and war-damaged integrated health centres; and (b) relaunch basic education activities, with a particular focus on enrolment of girls in school. The programme, in addition to these two central elements, will include promotion of activities relating to education for peace and tolerance, support for the inter-agency programme on the social reintegration of demobilized children, and analysis of the situation of children and women in preparation for the next country programme based on children's and women's rights, using the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women as an analytical framework.

15. Before the war UNICEF had a fairly narrow range of partners, with the exception of programmes relating to the Bamako Initiative and EPI. The civil war and the resulting emergency have changed this situation. Since the war, UNICEF has been compelled to forge new cooperation relationships with a broad range of humanitarian actors, including embassies of donor countries, national

and international non-governmental organizations, private enterprises, religious organizations and other bodies. During and subsequent to the war the office strengthened its relations with local media, which became a powerful advocate of children's rights.

16. Accordingly, this programme will have frequent recourse to strategic allies, including for the implementation and monitoring of the Convention on the Rights of the Child. These allies include religious groups, local authorities, community officials, young people's and women's associations, child advocacy groups, artists, influential personalities and other actors.

17. In the interest of convergence, health and education programmes both seek as far as possible to cover the same geographical areas. These areas will be allocated during the sectoral round tables involving the Government and development agencies.

18. Notwithstanding negative indicators relating to access to safe water and the health environment, UNICEF will not address this sector in 1999-2000, since other partners (in particular the private sector and non-governmental organizations) are already operating in it.

19. The health and nutrition programme will continue to reduce the risk of epidemics linked to the sustained decline in vaccination activities in earlier years. EPI will serve as the entry point for health and nutrition activities, which will include a resumption of prenatal consultations and provision of vitamin A supplements, and promotion of the consumption of iodized salt and of maternal breastfeeding. Maternity clinics will be re-equipped to provide basic obstetrical and neonatal care. Integrated health centres will be revamped as part of the reform of the health system begun before the conflict. A larger proportion of the programme will be devoted to social mobilization and programme communication, with preferential support for women's associations. Efforts will be made to expand the range of civil society partners in the programme.

20. The education programme will focus on bringing children into a decent primary education system supplied with the minimum resources required for quality education. This will help to normalize social life. It will also curtail the phenomenon of children living or working on the streets and educate tomorrow's citizens. It is anticipated that the programme will cover some 80,000 primary cycle schoolchildren a year throughout the country on the basis of their vulnerability and susceptibility to risk as a result of the war and its aftermath. Specifically, the programme will: (a) supply school equipment to primary schoolchildren and teachers; (b) offer training and retraining for schoolteachers and administrators; (c) provide technical support for planning and monitoring; (d) promote equality between girls and boys; (e) support the social reintegration of demobilized children; and (f) conduct education activities for peace and tolerance at and outside school.

21. In the current post-conflict environment, the education programme priority is to increase the number of children attending primary school. However, strategies to this end (community involvement, supply of educational materials, retraining and mobilization of teachers and strengthening of supervisory capacities) will also have an impact on improvement in the quality of learning.

A project on war-traumatized children is intended to provide special assistance in the most serious cases.

22. As in the interim programme for 1997-1998, the planning, monitoring and evaluation programme will deal with the situation of children and women in the country, and will focus on data relating to the two conventions utilized as a baseline for the next programming exercise. In this connection use will be made of the multiple indicator cluster survey (MICS) and of the Geographical Information System (GIS). The programme will support the drafting of the report of the Committee on the Rights of the Child and monitoring of its implementation.

23. This programme will also include monitoring and evaluation of the cooperation programme, through a series of indicators for which data will be collected through standard systems, studies and evaluations. Baseline data will be determined using results of surveys carried out in the context of the programme. These indicators will be updated annually at monitoring meetings with partners.

Programme management

24. The Government will have overall responsibility for programme implementation and coordination with other donors. UNICEF support will be coordinated by the UNICEF unit of the Ministry of Programming and Privatization through regular meetings and field visits.

Partnership

25. Although the war and its aftermath are impeding attainment of objectives forming part of the reform of the United Nations system, this situation nevertheless offers an opportunity to cooperate more closely with agencies in areas as diverse as security, transport, advocacy and mobilization of funds for emergency relief. Following the destruction and pillage of some agency premises during the war, the UNICEF office at Brazzaville, relatively unscathed, is providing accommodation for the Office of the United Nations High Commissioner for Refugees and the World Food Programme, and several services have been pooled. Two emergency appeals, coordinated by the Humanitarian Assistance Coordination Office, have been launched to cover post-conflict humanitarian needs. These appeals are based on inter-agency evaluation and a consultative approach.

26. The war has served as an involuntary catalyst for more proactive interaction with current and potential partners for UNICEF, both national and international. UNICEF intends to expand and strengthen this cooperation and, in particular, to promote increased involvement by civil society in the conduct of national life.

Mobilization of funds

27. UNICEF will continue to ensure an ongoing dialogue with embassies at the country level. The office also proposes to intensify its contacts with the private sector, including the multinational oil companies operating in the Congo, so as to explore further this significant source of potential assistance to the programme. UNICEF will continue to promote the 20/20 initiative with the Government so as to ensure a minimum level of financing for basic social sectors.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CONGO
PROGRAMME : 1999-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH/NUTRITION	750,000			750,000	0	0	0	1	0	0	1	0	0	1	296,499	40,262	336,761
EDUCATION	560,000			560,000	0	0	0	0	0	0	0	1	0	1	0	87,979	87,979
PLANNING AND MONITORING/EVALUATION	120,000			120,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	260,000			260,000	0	0	0	0	0	0	0	1	3	4	0	174,774	174,774
TOTAL GR	1,690,000			1,690,000	0	0	0	1	0	0	1	2	3	6	296,499	303,015	599,514
SUPPLEMENTARY FUNDING :																	
HEALTH/NUTRITION		0	3,000,000	3,000,000	0	0	0	0	0	0	0	1	0	1	0	41,872	41,872
EDUCATION		0	1,600,000	1,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING AND MONITORING/EVALUATION		0	200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	5,000,000	5,000,000	0	0	0	0	0	0	0	1	0	1	0	41,872	41,872
TOTAL GR & SF	1,690,000	0	5,000,000	6,690,000	0	0	0	1	0	0	1	3	3	7	296,499	344,887	641,386
SUPPORT BUDGET		Operating costs		410,240													
		Staffing			0	0	1	1	1	0	3	2	6	11	935,810	570,907	1,506,717
GRAND TOTAL (GR + SF + SB)					0	0	1	2	1	0	4	5	9	18	1,232,309	915,794	2,148,103
Number of posts and staff costs:																	
Current programme cycle											4	4	12	20			
At the end of proposed programme cycle (indicative only)											4	5	9	18	1,232,309	915,794	2,148,103

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Recommendation for additional resources to fund the approved country programme**

Democratic Republic of the Congo

Summary

The present document contains recommendation for additional general resources to fund the approved country programme for the Democratic Republic of the Congo for which the balance of approved general resources is not sufficient to fund the programme up to the end of the approved programme period. The Executive Director *recommends* that the Executive Board approve additional general resources in the amount of $2,502,000 for 1998-1999 to achieve the objectives of the country programme as originally approved by the Executive Board.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

1. The current country programme for the Democratic Republic of Congo, covering the period 1998-1999, was approved by the Executive Board in 1997, with an allocation of $16,144,000 from general resources and $12,000,000 in supplementary funds (E/ICEF/1997/P/L.21). At that time, the annual general resources planning level for the Democratic Republic of Congo, calculated under criteria approved by the Executive Board (child population, gross national product (GNP) per capita and under-five mortality rate (U5MR)), was $8,072,000 per year.

2. Since then, based on the country's U5MR and GNP per capita, the planning levels of the country programme were increased to $8,879,000 for 1998 and $9,767,000 for 1999. As a result, an additional $2,502,000 is required to achieve the objectives of the country programme as approved by the Executive Board. A country programme recommendation for the period 2000-2002 will be submitted to the Executive Board in 1999. It will be synchronized with the Government's national triennial development plan and harmonized with the planning cycles of the agencies that are members of the Joint Consultative Group on Policy.

3. The country programme approved in 1997 continues to focus on primary health care, basic education, protection of children and women and the development of social policies. The additional general resources will be used to expand these activities, which already have seen success in a number of areas. The programme is synchronized with emergency interventions under the inter-agency humanitarian programme for countries of the Great Lakes region and Central Africa.

4. Based on the success of local immunization days in 47 cities in 1997, which had remarkable results in increasing immunization coverage for polio, further national immunization days are planned for 1998. Access to routine immunization services has increased considerably through the delivery of equipment, support to strengthening national capacities for microplanning, supervision and monitoring, and social mobilization. A model developed for a community-based, minimum package of quality health care at the primary level and for essential, quality obstetric care at the first referral level, has been launched successfully in five health service areas in three provinces.

5. The education programme is progressing as planned. Some 125 schools in eight of the eleven provinces have been revitalized and 2,000 teachers have been trained. A national strategy for "education for life" has been defined and experimentation is currently underway.

6. The social reinsertion of demobilized child soldiers has been initiated in two locations in the country and advocacy being done for the programme to reach all child soldiers nationally. Services for children in need of special protection have been reinforced, in partnership with the Government and non-governmental organizations.

7. Advocacy activities, including seminars and workshops, are focused on influencing the drafting and approval of the new Constitution so that it will reflect the relevant clauses of the Convention of the Rights of the Child and of the Convention on the Elimination of All Forms of Discrimination against Women. The country has submitted its first report to the Committee on the Rights of the Child.

Additional funding requirements

(In United States dollars)

Current programme cycle	*Approved general resources funding*	*Additional funding proposed*
1998-1999	16 144 000	2 502 000